

Tier Activation: <u>circle one</u>	Tier 2	Tier 3	Both Tiers	None
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Household ID #:	Section #:
Household Address:	Household Phone:

Interviewer's Name:	Date/Time of Interview:
Pod:	Team:

PLEASE READ:

Hello, my name is _____ and this is _____. We work together at the City of Houston Department of Health and Human Services. We are going door-to-door in your neighborhood today to learn more about the health of your community. We would like to ask you a few questions about your health and the health of your household (This means everyone who lives in the home!). From what we learn today, we hope to be able to provide the community with better information and services. Our interview will take about 15-20 minutes.

Would you like to participate? circle one Yes No If not, is there someone else in your home that would like to answer our questions? if applicable, circle one Yes No

PLEASE READ:

The first questions are about your health and the health of all of the people who live in your household.

1) Does your household have a regular family doctor or clinic to go to when someone in the home is sick or needs a check-up (not including visits to the emergency room)? circle one

Yes

No

Don't Know

Refused to Answer

2) In the past year, has your household had problems getting medical services that were needed (ie: problems seeing a doctor, or getting to a clinic)? circle one

Yes

If yes, go to #3.

No

If no, go to #4.

Don't Know

Refused to Answer

3) If your household has had difficulty getting needed medical services in the past year, what are the reasons for this (**SEE CARD A**)? **circle all that apply**

- | | | |
|--|--|--|
| a) do not have a car or transportation to go to the doctor | h) do not like to go to the doctor alone. | n) Doctor is different each time I/we go for health care. |
| b) do not have childcare | i) do not like to leave home | o) Doctor/staff does not speak our language / look like me/us. |
| c) do not have a doctor/clinic to go to | j) Doctor's office/Clinics were not opened when I/we needed health care. | p) Doctor/staff does not listen to me or understand me. |
| d) do not have insurance | k) Doctor's office/Clinics could not give me/us an appt when needed. | q) Doctor/staff does not treat me/us with respect. |
| e) do not have enough money to pay for health care | l) Doctor's office/Clinic is too far from home. | r) Other_____ |
| f) do not know where to go for health care | m) Doctor's office/Clinic waiting time is too long. | s) Don't Know |
| g) do not like to go to the doctor | | t) Refused to Answer |

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4) Does your household need help finding a regular family doctor or clinic? **circle one**

Yes ↔ ↔ **If yes, activate Tier 2.**

No

Don't Know

Refused to Answer

5.) Has your household had problems getting medication or medical supplies in the past year (ie: getting medicine the doctor said you needed, getting bandages, or diabetic monitor strips)? **circle one**

Yes *If yes, go to #6.*

No *If no, go to #7.*

Don't Know

Refused to Answer

6) If your household has had problems getting medication or medical supplies in the past year, would you like help getting them? **circle one**

Yes ↔ ↔ ↔ ***If yes, activate Tier 2.***

No

Don't Know

Refused to Answer

7) Has your household used a hospital emergency room for any reason in the past year? **circle one**

Yes *If yes, complete # 8 and 9.*

No *If no, go to #10.*

Don't Know

Refused to Answer

8) If yes, how many times has your household used the emergency room in the past year? _____

9) Please list the top 3 health problems your household went to the emergency room for: **if applicable, write-in**

a) _____

b) _____

c) _____

10) Please circle all of the health problems that you and/or members of your household have (**SEE CARD B**): **circle all that apply**

a) Memory Loss /
Forgetfulness
(Alzheimer's)

b) Arthritis

c) Breathing
Problems
(Asthma)

d) Cancer

e) Chemical
Dependency

f) Cholesterol
Problems

g) Dental Care
Problems

h) Depression /
BiPolar / Mental
Health Issues

i) Foot Care
Problems

j) Swelling /
Inflammation of
Joints (Gout)

k) Sugars in the
blood (Diabetes)

l) Heart Disease

m) HIV/AIDS /
STDs

n) Mobility /
Falling / Dizzy /
Disoriented

o) Pressures (Low
/ High Blood
Pressure)

p) Shakes
(Uncontrollable
Shaking /
Parkinson's
Disease)

q) Other _____

r) No Health
Problems

s) Don't Know

t) Refused to
Answer

11) Please circle all the ways your household has paid for health care in the past year (**SEE CARD C**): **circle all that apply**

- | | |
|--|---|
| a) Cash/Credit Card | h) Medicaid |
| b) Disability | i) Payment Plan (Self-pay with your Doctor/Clinic) |
| c) Harris County Hospital District Financial Assistance (ie: "Gold Card") | j) Payment Plan (With your Insurance/Managed Care Plan) |
| d) Insurance (Traditional insurance - where you can go to any doctor or hospital.) | k) Worker's Compensation |
| e) Managed Care Plan (ie: "Blue Cross Blue Shield" - where you have to use plan doctors and hospitals only.) | l) Other_____ |
| f) Military Benefits | m) I/We do not pay for health care. |
| g) Medicare | n) I/We have not paid for health care in the past year. |
| | o) Don't Know |
| | p) Refused to Answer |

PLEASE READ:

The following questions are about you and the people in your household.

12) How many total people live in your household? _____

13) What is **your** sex? **circle one** Female Male

14) What is **your** age group? **circle only one**

18-25	41-45	61-65
26-30	46-50	66-70
31-35	51-55	71-75
36-40	56-60	76-80

15) Please write-in the number of each group who live in your household: **if applicable, write-in**

Infants (ages 4 and under) _____

Children (ages 5-19) _____

Disabled (any age) _____

#15 continued on next page

Elderly (age 65+) _____ ***If ages 65 + live in the household, complete #'s 16, 17 and 18. If no one ages 65+ lives in the household, go to #19.***

Other _____

Don't Know _____

Refused to Answer _____

16) Does the elderly in your household need help with any of the following? **circle all that apply**

- | | | |
|--------------|----------------|--|
| a) Bathing | e) Dressing | i) No help needed |
| b) Toileting | f) Walking | j) Don't Know |
| c) Eating | g) Housework | k) Refused to Answer |
| d) Feeding | h) Other _____ | <i>If any circled, activate tier 2.</i> |

17) Does the elderly in your household have a caregiver or someone to help take care of them? **circle one**

Yes ↔ ↔ ↔ ***If yes, complete #18.***

No ↔ ↔ ↔ ***If no, activate tier 2 and go to #19.***

Don't Know

Refused to Answer

18) If yes, does the caregiver need assistance taking care of the elderly? **circle one**

Yes ↔ ↔ ↔ ***If yes, activate tier 2.***

No

Don't Know

Refused to Answer

PLEASE READ:

The following questions are about the health of your community.

19) Are you concerned about the air you breathe? **circle one**

Yes ***If yes, complete #20.***

No ***If no, go to #21.***

Don't Know

Refused to Answer

20) If yes, what are your 3 main concerns about the air you breathe (things such as: pollutants/pollution, allergies, difficult to breathe, odor, dust, etc.)? **if applicable, write-in**

a) _____

b) _____

c) _____

21) Are you concerned about your tap water? **circle one**

Yes *If yes, complete #22.*

No *If no, go to #23.*

Don't Know

Refused to Answer

22) If yes, what are your 3 main concerns about your tap water (things such as: bad taste, strange odor, dark color, contamination/contaminants, lead, blocked drains, flooded bayous, etc.)? **if applicable, write-in**

a) _____

b) _____

c) _____

23) Are you concerned about the land in your community? **circle one**

Yes *If yes, complete #24.*

No *If no, go to #25.*

Don't Know

Refused to Answer

24) If yes, what are your 3 main concerns about the land in your community (things such as: overflowing ditches, trash, sewer discharges, chipped paint/1978 or earlier may have lead, etc.)? **if applicable, write-in**

a) _____

b) _____

c) _____

25) Do you have any other concerns with your community? **circle one**

Yes ↔ ↔ *If yes, please explain* _____

No

Don't Know

Refused to Answer

PLEASE READ:

The following questions are about any further assistance you and/or your household might need.

26) Please circle all of the issues about which your household needs further information and/or assistance (SEE CARD D): **circle all that apply**

a) Medical Care

g) Food/Basic Needs

n) Disability Support

b) Air, Water, Land, and Community Concerns

h) Nutrition Information

o) Other _____

c) Lead in the Household Information

i) Homebuyer's, Utility, Rental Assistance

p) No Assistance/Info Needed

d) Counseling/Mental Health Care

j) Education/Job Training

q) Don't Know

e) Child Care/After School Program

k) Financial Education

r) Refused to Answer

f) Family Recreation

l) Legal Services

If info/assistance requested activate tiers.

m) Senior Assistance

27) Do you or any members of your household need emergency medical services for any health problems?

Yes ↔ ↔ ***If yes, activate Tier 3.***

If yes, please describe emergency _____

If yes, how long have you/your household had this need? _____

No

Don't Know

Refused to Answer

THE LAST QUESTION IS ONLY FOR HOMES REQUESTING TIER ACTIVATION!

28) Based upon the questions you answered today, you have requested further information and/or assistance. Would you like us to visit your home again to provide you with this information and/or assistance? **circle one**

Yes ↔ ↔ ***If yes, activate Tiers.*** **PLEASE READ:**
Someone from our teams will be visiting your home again soon.

No

Don't Know

Refused to Answer

Please read: *We are finished with the interview. Thank you for participating!*